

Monthly Support

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Check here for new address or new e-mail

My Gift

I would like to become a monthly support donor with a gift of \$15 \$35 \$50 \$100 or \$ _____ each month beginning on _____.

Please increase my monthly support donation to \$ _____ beginning on _____.

I would like to make a single gift of \$25 \$100 \$250 \$500 \$2500 or \$ _____.

My Payment

You can make a donation with a credit card, checks; single or post dated checks for monthly support donation and money order.

Debit/Visa/MC# _____ Exp. Date _____

Signature _____ Date _____

Please feel free to contact us with any questions you may have, we are happy to talk with you!

Mail your completed form and payment to:

The Leela Foundation
574 E. Main Street, # 1
Ashland, OR 97520

Thank You!

The Leela Foundation is a public 501(c)(3). All donations are tax deductible for U.S. taxpayers.

Phone: 541.201.0900 or 877.584.1165 | e-mail: info@leela.org | www.leela.org